

		Doc Ref	TS-36.2-Certificate of Acceptance- NV-220307.doc
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APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

<p>Section 97, Building Act 2004: Send or deliver this application to either: Waimate District Council, PO Box 122, Waimate Waimate District Council, Queen St, Waimate.</p> <p>For enquiries phone (03) 689 8079</p>	<p>OFFICE USE: Application #</p> <p>Category 1,2,3,PR</p> <p>PIM, Planning, Drainage, Roothing</p>
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THE BUILDING	
Street address of building:	Legal description of land where building is located: (State legal description as at the date of application and if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consents)
Building name: (If applicable)	Valuation No:
Number of levels: (Include ground level and any levels below ground)	Level/Unit Number: (If applicable)
Area: (total floor area – indicate area affected by the building work if less than the total area)	Location of building within site: (Include nearest street access)
Year first constructed: (insert year, approximate date is acceptable eg: c1920's or 1960-1970)	Current, lawfully established, use: (include number of occupants per level and per use if more than 1 level)

THE OWNER	
Name of owner: (include preferred form of title, eg: Mr Miss, Dr, if an individual)	
Contact person: (only required if different from the owner)	
Mailing address:	Street address/Registered Office:
<p>Contact details:</p> <p>Landline: _____ Mobile: _____</p> <p>Daytime: _____ After hours: _____</p> <p>Fax Number: _____ Email: _____</p>	
<p>Please attach one of the following as evidence of ownership to this application: Copy of Certificate of tile/lease/agreement of sale and purchase/or other document no older than 3 months showing full name of legal owner(s) of the building.</p>	



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THE AGENT

Name of Agent: (only required if application is being made on behalf of the owner)

Contact person:

Mailing address:

Street address/Registered Office:

Contact details:

Landline: _____ Mobile: _____

Daytime: _____ After hours: _____

Fax Number: _____ Email: _____

Relationship to Owner: (state details of the authorisation from the owner to make the application on the owners behalf)

FIRST POINT OF CONTACT (If different from the Owner or Agent)

Name of contact:

Mailing address:

Street address/Registered Office:

Contact details:

Landline: _____ Mobile: _____

Daytime: _____ After hours: _____

Fax Number: _____ Email: _____

I request that you issue a Certificate of Acceptance for the building work described in this application.

Signed by the owner OR:

Signature: _____

Name: _____

Date: _____

Signed by the Agent: (on behalf of, or with authority from, the owner)

Signature: _____

Name: _____

Date: _____

Estimated value of the building work on which the building levy will be calculated (including GST): (state estimated values as defined in section 7 of the Building Act 2004)

\$ _____



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BUILDING WORK

Description of the building work:

Date building work carried out:

Concreter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Joiner:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Tanking Applicator:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Plasterer/textured coater:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Gasfitter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Electrician:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____



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Plumber: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____	Drainlayer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____
Carpenter: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____	Brick/Blocklayer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____
Deck/roof membrane applicator: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____	Roofer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____
Concealed fascia installer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____	Others: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____
Did the building work result in a change of use of the building? (ie: Commercial, Industrial, Residential) If yes, provide details of the new use:	
Intended life of the building if less than 50 years: <div style="text-align: right;">Years</div>	



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List building consents previously issued for this project (if any): (list who issued the consent, date of issue and the consent number)

Estimated value of the building work on which the building levy will be calculated (including GST): (state estimated values as defined in section 7 of the Building Act 2004)

\$ _____

The following plans and specifications are attached to this application: (tick boxes applicable)

- specifications
- calculations
- plans
- producer statement
- other (please specify) _____

(All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority)

Reasons why a certificate of acceptance is required: (tick boxes applicable)

The owner, or the owner's predecessor in title, carried out building work for which a building consent is required, but a building consent was not obtained because: (explain in detail)

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: (delete one of the following)

a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: (explain in detail)

b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: (explain in detail)

The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: (state details of name of building consent authority and building consent granted)



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COMPLIANCE SCHEDULE (delete this section if this is an application for a project memorandum only)

The following specified systems are existing, being altered, added to, or removed in the course of the building work:

	Existing	New	Altered	Added	Removed
<input type="checkbox"/> There are no specified systems in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Automatic systems for fire suppression (eg: sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electromagnetic or automatic doors or windows (eg: ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Emergency power systems for, or signs relating to, a system or feature specified in any of clauses above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1-6, 9 & 13 above: a) systems for communicating spoken information intended to facilitate evacuation; and b) final exits (as defined by clause A2 of the building code); and c) fire separations (as so defined); and d) signs for communicating information intended to facilitate evacuation; and e) smoke separations (as so defined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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ATTACHMENTS

The following documents are attached to this application: (tick boxes applicable)

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who supervised the building work
- Investigatory reports

COUNCIL USE ONLY:

Mail

Desk
